

### In Pursuit of the Number One Public Health Problem

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**O**VER THE PAST 6 YEARS, and especially since the Coolfont Conference on the Prevention and Control of AIDS and the AIDS Virus in 1986, a great deal of information about AIDS has been disseminated and assimilated. We have studied the AIDS virus more intensively than we have ever studied any other virus. We know more about it, after only a few short years of work, than we know about many other viruses that we have studied for decades.

This is not to say that we can now see the light at the end of the tunnel. For all of our progress, and our progress has been astounding, we may still be only at the beginning of this particular journey of discovery. Of this I am certain: much remains to be done, on every front of the war against AIDS, before we can say that we have begun to extinguish the threat that AIDS poses to our Nation and to the world.

I do not wish to appear pessimistic, however, because we have a great deal to be optimistic about. But we need to keep the AIDS problem in perspective. AIDS has become an enormous public health problem, in terms of the fear it engenders, the lives it takes, and the economic and sociologic burdens it places on society and on infected individuals, their families, and friends. It was the gravity of this situation that prompted us to declare the fight against AIDS to be the Nation's primary public health priority.

At the same time, it is possible to acknowledge the seriousness of the AIDS problem without giving over to panic, despondence, or sensationalism. We are finding better ways of managing the many dimensions of this problem. Our society is making a massive and unprecedented commitment

to the battle against it. Together, our growing knowledge and expanding resources offer the promise that we will cope effectively with the AIDS threat and, eventually, eliminate it.

As Secretary of Health and Human Services, I have committed to the fight against AIDS all of the Department's appropriate and available resources. In this fiscal year alone, the Department's expenditures for direct anti-AIDS efforts will exceed \$1.4 billion. I am proud not only of the financial commitment we are making, but of the dedication and perseverance of the many persons working in the government who have been assigned, and who have volunteered, to work on the AIDS problem. I am speaking here of highly skilled and motivated people. The contributions they are making, day in and day out, cannot be overstated.

The Federal Government's efforts have been augmented greatly, of course, by the work of the private sector and the activities of State and local governments. Across the Nation, pharmaceutical companies, academic centers, and private research groups are investing millions of dollars and thousands of hours in the search for an AIDS vaccine and effective treatments. In addition, State and local governments, and charitable, religious, and civic groups in every community, are reaching out to those afflicted with this disease, offering comfort, friendship, and a helping hand with basic needs and chores.

One can only marvel at the scientific accomplishments that have been realized in our efforts to understand AIDS and halt its spread. Seven years ago, we faced a hitherto unknown illness. We had no idea of its cause, its routes of transmission, its scope, or of methods we might employ to prevent or treat it. Today, the situation is radically different.

Thanks to the work of our National Institutes of Health and the Pasteur Institute of Paris, France, the human immunodeficiency virus (HIV), the retrovirus responsible for the disease, was isolated. This discovery, in turn, led to the development of HIV-antibody screening tests that have dramatically improved the safety of the Nation's blood supply.

Concurrently, we have seen gains in the development of treatments for AIDS and the diseases associated with it. Zidovadine (commonly known

as AZT), a drug shown to extend the lives of certain AIDS patients, was developed expeditiously by the National Institutes of Health and the Burroughs Wellcome Company. AZT was reviewed and approved by the Food and Drug Administration within 107 days—a record time—of FDA's receipt of the new drug application for marketing.

Currently more than 100 human clinical studies are underway of candidate treatments for AIDS and AIDS-associated diseases. These studies are sponsored by both government and industry. Preliminary human trials for two candidate vaccines have been in progress for months, and several more will begin in the near future. Meanwhile, thousands of researchers are conducting laboratory testing of other, potential therapies and vaccines.

In addition to the laboratory and clinical investigations, thorough epidemiologic studies by the Centers for Disease Control have revealed the routes of AIDS transmission, leading to the development of strategies for significantly reducing the spread of the disease. We now know that individuals who have been properly educated can choose to avoid high-risk practices, thereby essentially eliminating their risk of exposure to the AIDS virus.

Current epidemiologic data suggest that our educational efforts may already have had considerable impact, particularly in terms of the behavioral changes that we are seeing among the homosexual population. Although the number of AIDS cases continues to rise at a disturbing rate, especially among intravenous drug abusers and their sexual partners, it is clear that HIV infection is not spreading wildly throughout the general population, as some had predicted it would. About 4 percent of all cases of AIDS reported to date in the United States have occurred via heterosexual contact. The Centers for Disease Control forecasts that by 1991, when we expect to have recorded 270,000 AIDS cases, only a few percent more will have been transmitted through heterosexual contact. Moreover, additional public education programs and activities, planned for implementation by CDC, together with special outreach programs for IV drug abusers that are being conducted by the Alcohol, Drug Abuse and Mental Health Administration, should prove to be effective in checking, further, the spread of HIV infection.

All of these developments, from our laboratory findings to our educational successes, offer little immediate hope for persons afflicted with the disease. For these individuals and their loved ones, living with AIDS is a struggle, at best. The quality of their lives can be enhanced, however, by means

of new approaches to patient care, approaches that emphasize a variety of alternatives to hospitalization, including supervised residential facilities, home health care, and a range of other home-support services. Our Health Resources and Services Administration, with other health-care groups, has been very active in this area, particularly in providing training to health professionals of various disciplines in the unique skills and attitudes that those who care for AIDS patients must possess.

None of the advances that we have made against AIDS signals an end to the threat or indicates that we can relax our resolve to combat it for as long as it takes to conquer it. We are continually updating and planning our long-range strategies against AIDS, and we will be reviewing these strategies at a second Public Health Service conference on prevention and control of AIDS in June 1988.

AIDS is a devastating disease which is still spreading. Its secrets probably will continue to elude us into the foreseeable future. But, make no mistake about it, AIDS is a problem against which we have been making solid, even remarkable progress. This progress can and must continue.

Our experience in the relatively short time we have fought AIDS indicates that we can overcome this disease if we remain strong in our determination to do so. I am confident that this Nation has the will to meet the AIDS challenge, as it has met every other challenge, from polio to smallpox, and many more, in the past.